



# SAGINAW BAY COMMUNITY SAILING ASSOCIATION

## RACING SKIPPER APPLICATION

**Yacht Owner Contact Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Comments \_\_\_\_\_

**Boat Information:**

Sailboat Name:  Sail Number:   
 Sailboat Model:  MC Number:   
 Boat Length (ft):

**In which racing programs do you participate** (check all that apply):

- BCYC Lightning Racing  BCYC Weekend Racing  
 BCYC Main and Jib Racing  Out of Town Events and Regattas

Are you registered with a BCYC Sailing Program for this year?  Yes  No

**How Many Novice Crew are you willing to train?**

Youth (8-18 years old):   
 Adults:

**Assumption of Risk for Personal Loss and Injury and Release of Liability** I fully understand that participation in the Saginaw Bay Community Sailing Association may involve risk of personal loss and/or injury and hereby agree to assume full responsibility for loss and/or injury which may result from participation in the sailing program and associated activities. I agree to hold the SBCSA and its officers, volunteers, and employees free from liability for said injury and/or loss.

**Photo Release** I give permission for the SBCSA to use photos or videos that may include me or members of my family in the SBCSA electronic and print media for promotional purposes.

Check here if you do not consent to the Photo Release

I certify that my yacht is insured and I have personal liability insurance coverage equal to or in excess of \$300,000.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Yacht Owner

Please consider a contribution to the SBCSA to help cover our operating expenses.

**Please mail the completed application to: SBCSA, P.O. Box 2122, Bay City, MI 48707.**